



## Application to nominate a Designated Group Employer (DGE) or a Joint Return Lodger (JRL) for ACT Payroll Tax

An ACT employer which is part of a group may claim the group's entitlement to the ACT proportion of the tax-free threshold, **provided** it is an approved Designated Group Employer (DGE).

An applicant for DGE status (or an existing approved DGE) may also apply to become a Joint Return Lodger (JRL) for itself and other ACT group members.

### **COMPLETE ALL SECTIONS OF THIS FORM**

<b>CLIENT REFERENCE NUMBER:</b> - If already registered with the ACT Revenue Office for any other tax or duty, provide the existing client reference number	
<b>ACT PAYROLL TAX GROUP NUMBER:</b> - Provide if known	

### **SECTION A: Nomination of a Designated Group Employer** – Name of Company, Association, Trustee, Partnership/Joint Venture or Individual (full legal name - if space is insufficient attach a separate sheet)


<b>ABN:</b>		<b>ACN</b>	
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<b>Trading Name or Trust Name:</b>	
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<b>ACT Business address:</b>	
<b>Postal address: (for Service of Notices)</b>	

<b>Contact Person:</b>			
<b>Telephone:</b>		<b>Facsimile:</b>	
<b>Email address:</b>			

### **SECTION B: Application to nominate the DGE identified above as the JRL**

Do you nominate the DGE identified above to be the JRL for **all** the ACT group members listed on this form?    YES    NO

Date of application: (dd/mm/yyyy): \_\_\_\_\_

### **SECTION C: List other ACT Group Members paying wages in the ACT** (if space is insufficient attach a separate schedule)

Client Ref No.	Legal Name	ABN	Date of joining group


List other Group Members outside the ACT (if space is insufficient attach a separate schedule)

Legal Name	ABN	Date of joining group

**SECTION D – DECLARATION:** The ACT Revenue Office relies on the information provided in this application to establish a DGE or a JRL for ACT payroll tax purposes. Please ensure the information provided is correct.

I, \_\_\_\_\_, \_\_\_\_\_  
 (full name) (position)

of \_\_\_\_\_  
 (name of employer or firm acting for employer)

Declare that the information provided in this application is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This Nomination will take effect from (dd/mm/yyyy) \_\_\_\_\_

**GIVING FALSE OR MISLEADING INFORMATION IS A SERIOUS OFFENCE (*Criminal Code 2002*)**

**Privacy Statement** - All information collected by the ACT Revenue Office is protected by secrecy provisions in Acts administered by the Office and only used for the purposes of those Acts. In addition, personal information provided to the ACT Revenue Office is protected by the *Information Privacy Act 2014*. Information (including personal information) is not disclosed to any third party unless authorised by law or with the consent of the person involved.

**REVENUE OFFICE CONTACT DETAILS**

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